

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008342

Entity Name: BEHAR, GUTT & GLAZER, P.A.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2999 N.E. 191ST ST.
SUITE500
AVENTURA, FL 33180

New Principal Place of Business:

2999 N.E. 191ST ST.
SUITE 500
AVENTURA, FL 33180

Current Mailing Address:

2999 N.E. 191ST ST.
SUITE500
AVENTURA, FL 33180

New Mailing Address:

2999 N.E. 191ST ST.
SUITE 500
AVENTURA, FL 33180

FEI Number: 65-0463251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, DAVID L
2999 N.E. 191ST ST.
SUITE500
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GLAZER, DAVID L
2999 N.E. 191ST ST.
SUITE 500
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GLAZER, DAVID L
Address: 2999 NE 191 STREET SUITE 500
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: GUTT, IRA
Address: 2999 NE 191 STREET SUITE 500
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: BEHAR, BRIAN S
Address: 2999 NE 191 STREET SUITE 500
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. GLAZER

PTD

01/15/2009

Electronic Signature of Signing Officer or Director

Date